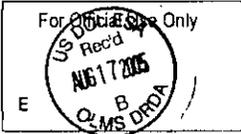


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4259	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Daniel P Bartholomew P.O. Box, Bldg., Room No., if any Apt. 311 Street 1180 Cushing Circle City St. Paul State Minnesota ZIP Code + 4 55108	4. Name, file number, and address of labor organization. Name Teamsters Local 289 Labor Organization File Number 037328 P.O. Box, Building and Room Number, if any Street 3001 University Ave. SE, Suite 305 City Minneapolis State Minnesota ZIP Code + 4 55414
5. Position in labor organization. Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Daniel Bartholomew* On 8/8/2005 612-331-3480
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Jeff Greendorfer"/></p> <p>Trade Name, if any: <input type="text" value="Alliance Bernstein"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="555 California Street, Suite 4600"/></p> <p>City <input type="text" value="San Francisco"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="94104"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Twin Cities Bakery Drivers Pension Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="3265 Northwood Circle, Suite 170"/></p> <p>City <input type="text" value="Eagan"/></p> <p>State <input type="text" value="Minnesota"/> ZIP Code + 4 <input type="text" value="55121"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Dinner</div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$121"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; min-height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; min-height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Chuck Hooper"/></p> <p>Trade Name, if any: <input type="text" value="Waddell and Reed Financial Services"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="PO Box 29217"/></p> <p>Street <input type="text" value="6300 Lamar Ave."/></p> <p>City <input type="text" value="Shawnee"/></p> <p>State <input type="text" value="Kansas"/> ZIP Code + 4 <input type="text" value="66201-9217"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Twin Cities Bakery Drivers Pension Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="3265 Northwood Circle, Suite 170"/></p> <p>City <input type="text" value="Eagan"/></p> <p>State <input type="text" value="Minnesota"/> ZIP Code + 4 <input type="text" value="55121"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Dinner</div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="\$113"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input style="width: 100px;" type="text"/></p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Phil Hildebrandt

Trade Name, if any: Segall, Bryant, & Hamill

P.O. Box, Bldg., Room No., if any

Street 10 South Wacker Drive, Suite 3500

City Chicago

State Illinois ZIP Code + 4 60606-7407

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Twin Cities Bakery Drivers Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3265 Northwood Circle, Suite 170

City Eagan

State Minnesota ZIP Code + 4 55121

11.a. Nature of such dealing.

Dinner

11.b. Approximate dollar value of such dealing.

\$126

12.a. Nature of interest held or income received.

12.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name George FAULKNER

Trade Name, if any: FAULKNER MUSKOVITZ + Phillips

P.O. Box, Bldg., Room No., if any ~~820~~ 9TH FLOOR

Street 820 WEST SUPERIOR AVE

City CLEVELAND ~~OHIO~~

State OHIO ZIP Code + 4 44113-1800

14.a. Nature of payment.

HOLIDAY BASKET

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

110.00